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SERIAL NUMBER 10/717,401	FILING OR 371(c) DATE 11/19/2003 RULE	CLASS 606	GROUP ART UNIT 3733	ATTORNEY DOCKET NO. ACM 354
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APPLICANTS
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**** CONTINUING DATA ******* *OK. AR 9/25/06*
 This appln claims benefit of 60/427,910 11/19/2002 and claims benefit of 60/512,322 10/17/2003

**** FOREIGN APPLICATIONS ******* *None. AR 9/25/06*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 02/17/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OR	SHEETS DRAWING 4	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>AR</i> Initials			

ADDRESS
23581

TITLE
Guide system for bone-repair devices

FILING FEE RECEIVED 1442	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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